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# Two Cases of Carcinoma of the Uterus.

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Case I. In June, 1889, I was consulted by Mrs. P. She is a woman 53 years of age; occupation, housewife; and mother of one child. Never had any miscarriages. She ceased to menstruate several years ago, and has been in robust health all her life. In April, 1889, she was very much frightened by a dog, and ran quite a little distance to get away from him. In a few hours she was attacked by a severe hemorrhage. In June, 1889, she had another hemorrhage, and sent for me. Upon inquiry I found she had not suffered with pain in the pelvis. On making a vaginal examination I found a carcinoma of the anterior lip of the cervix, slightly ulcerated. I explained the nature of the trouble to her husband, and advised a surgical operation. Some time elapsed before consent was obtained.

In July I invited Drs. W. H. Barry, M. G. Thompson and Linda Barry, of Hot Springs; Dr. T. H. Bates, of Brinkley, Ark., and Dr. Thompson, of Ocala, Fla., to go with me to make vaginal hysterectomy. The day previous I had sent her word to eat nothing after partaking of her breakfast.

Dr. Gaines commenced to give her chloroform, and in a few minutes she vomited quite a quantity of peaches. I stopped the operation on account of this, fearing impaction of some of the particles of fruit in larynx.

September 8, I again visited her to make total extirpation of the uterus, and took with me the above named gentlemen, with the exception of Dr. T. H. Bates. Drs. M. G. Thomp-

son and W. H. Barry had charge of the anesthetic. The vagina and uterus were both quite small, the latter retroflexed and freely movable. In order to get room in which to operate I enlarged the vaginal opening by freely incising it on each side. With vulsellum forceps I drew the uterus down towards the vaginal outlet, and divided the mucous membrane in front of the anterior lip, then proceeded to dissect between the bladder and uterus until I reached the peritoneum. The same thing was done on the posterior portion. The *cul de sac* was opened with scissors and dissection continued with handle of scalpel. By traction on the cervix the uterus was drawn down. When the dissection had been carried high up on the body of the uterus, I clamped each broad ligament with a pair of Billroth's large hemostatic forceps, and with scissors divided the tissues between the forceps and uterus up as far as the end of the forceps, when another pair was applied and the tissues again cut. This I continued until ten pairs of forceps were applied and the fallopian tubes were reached. These I ligated with braided antiseptic silk, and cut them loose from the uterus. These sutures were passed around the tubes by means of a Peasle needle. I did not open the peritoneum until the tubes were cut loose from the uterus, but simply enucleated the uterus from it by dissection.

Throughout the operation thorough antiseptic precautions were used. Patient lost two ounces of blood. About one hour was required to complete the operation. Strips of iodoform gauze were placed between the handles of the forceps, the lateral incisions in the mouth of vagina closed with silk sutures, an antiseptic dressing of sublimated cotton and carbolized gauze applied, and patient put to bed in very good condition.

Her urine was drawn with a cathter by Linda Barry, a medical student, three times a day. At the end of forty-eight hours the forceps were removed and vagina irrigated with sublimate solution, 1 to 1000, and another antiseptic dressing applied. This was changed as often as soiled by the discharge from the vagina.

Patient never suffered from shock or fever, and was well in about three weeks. I made the mistake of not cutting off short the ligatures placed around the fallopian tubes, and when I undertook to remove them I was compelled to desist and cut them off short.

February 8, 1890.—Mrs. P. has had slight show of blood, and upon vaginal examination I found a bleeding and slightly hardened nodule in right angle of the vaginal roof, at the point where the right fallopian tube had been cut off, and where the ligature had been left.

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Case II. I was called by Dr. J. H. Gaines to see Miss M. S., aged 42 years.

I found her suffering from repeated severe hemorrhages from the vagina which left her but little strength.

Upon vaginal examination I found an extensive ulcer involving the posterior lip of the uterus as far up as the internal os. The uterus was retroflexed, enlarged and fixed in the pelvis.

I diagnosed cancer of cervix, with involvement of the body of the uterus and broad ligaments.

The fixedness of the uterus precluded its entire removal, and so we advised removing the disease as far as possible by means of curette, scissors and cautery. This was attempted, and we found the tissues of the uterus infiltrated to a great degree with the cancerous material. This was removed as far as possible, the actual cautery applied to the raw and bleeding surface, and the cavity packed with iodoform gauze.

She made a good recovery from the anesthetic, and in two weeks was up and about the house.

She died in a few months from disease of the kidneys, albuminuria, followed by suppression of urine.